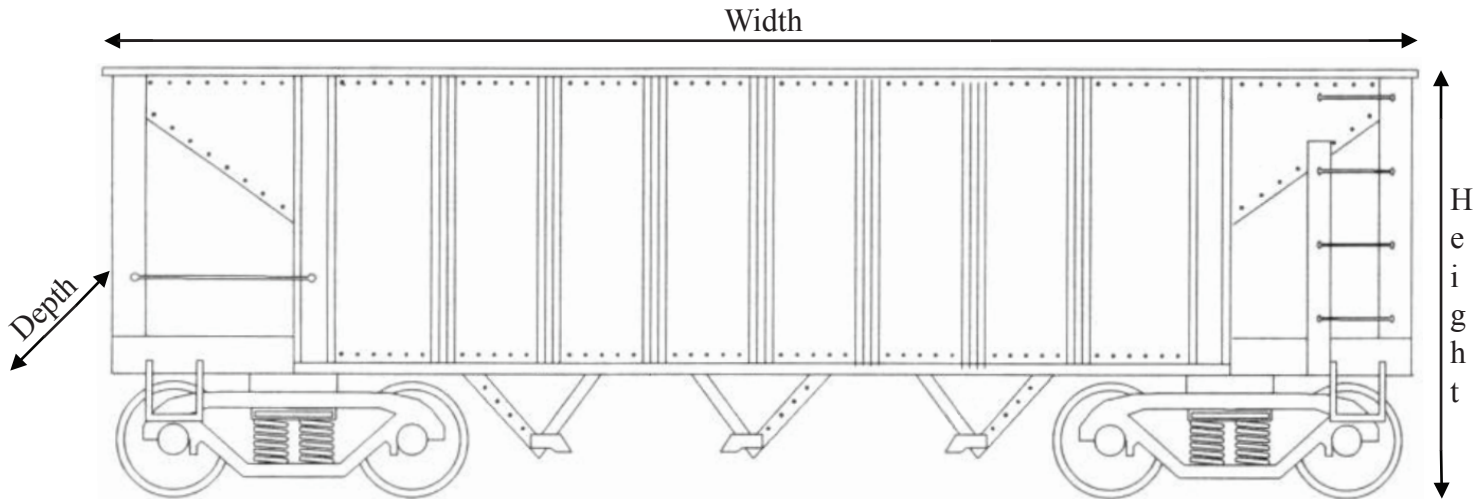


LARTS Clearance Form

Fill in the dimensions of the car to be moved below. Upon completion, submit to the LARTS dispatcher at least 48 hours in advance of proposed movement.

NOTE: Approval will depend on crew availability, dimensions of equipment, weight, weather conditions, etc.



Height: ____ ft ____ in Width: ____ ft ____ in Depth: ____ ft ____ in

Reporting Mark: _____ Car No. _____

Total weight: _____ lbs

Shipper Name: _____

Shipper Address: _____ State: _____

Zip: _____

Phone: _____ - _____ - _____

Email: _____

Hazmat Info (Skip if non-hazardous load):

Chemical Name: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ - _____ - _____

Other car info: _____

